Request Medical Evacuation (MEDEVAC)

Introduction

- MEDEVAC begins when medical personnel receive injured or ill soldiers and continues as far rearward as the patient's medical condition or the military situation requires

- Procedures for requesting medical evacuation support are standardized down to the unit level

- The same format used to request aeromedical evacuation is also used for requesting ground evacuation (NINE LINE MEDEVAC Request)

Types of Medical Evacuation Request Formats & Procedures

- The medical evacuation request is used for requesting evacuation support from
  - Air ambulances
  - Ground ambulances
- Two established medical evacuation request formats
  - Wartime
  - Peacetime

War and Peace Request

- Differences in security between wartime and peacetime in requesting procedures
  - Under all nonwar conditions, the safety of US military and civilian personnel outweighs the need for security
  - During wartime, the rapid evacuation of patients must be weighed against the importance of unit survivability

NINE LINE MEDEVAC Request

- LINE 1: Location of Pick Up Site (Grid Coordinates)
- LINE 2: Radio Frequency/Call Sign & Suffix
- LINE 3: Number of Casualties by Precedence**
- LINE 4: Special Equipment Required
- LINE 5: Number of Casualties by Type
- LINE 6: Security of Pick Up Site (WARTIME)
- LINE 6: Number of Wounded & Description (PEACETIME)
- LINE 7: Method of Marking Pick Up Site
- LINE 8: Nationality & Status of Casualty
- LINE 9: NBC Contamination (WARTIME)
- LINE 9: Terrain Description (PEACETIME)

Location of Pickup Site

- (Line 1)
  - Not necessary to encrypt grid coordinates when using secure communications equipment or channel skipping equipment
  - Preclude misunderstanding, state that grid zone letters are included in the message
  - Obtain grid coordinates of the pickup site from the grid map of the operational area
  - If possible, confirm with GPS system

Radio Frequency, Call Sign, and Suffix

- (Line 2)
  - Send frequency of the radio at the pickup site, not a relay frequency
  - Call signs (and suffix if used) of the person to be contacted at the pickup site (may transmit in the clear)
  - Obtain from Signal Operating Instruction (SOI), or the Automated Net Control Device (ANCD) or radio supervisor

Number of Patients by Precedence

- (Line 3) - report only applicable information and use the correct number(s) and brevity code(s):
  - **A** - URGENT Complete
  - **B** - URGENT SURGICAL
  - **C** - PRIORITY
  - **D** - ROUTINE
  - **E** - CONVENIENCE

Precedence and the Criteria

- Priority I - Urgent
- Priority IA - Urgent-Surgical
- Priority II - Priority
- Priority III - Routine
- Priority IV - Convenience

Urgent (Priority I)

- Casualties should be classified as URGENT if they:
  - 1.
  - 2.
  - 3.

Urgent Surgical (Priority IA)

- Casualties should be classified as URGENT SURGICAL if they:
  - 1.
  - 2.
  - 3.

Priority (Priority II)

- Casualties should be classified as PRIORITY if they:
  - 1.
  - 2.
  - 3.

Routine (Priority III)

- Casualties should be classified as ROUTINE if they:
  - 1.
  - 2.
  - 3.

Convenience (Priority IV)

- Casualties should be classified as CONVENIENCE if they:
  - 1.
  - 2.
  - 3.

Special Equipment Required

- (Line 4) - types of equipment and their brevity codes:
  - **A** - None
  - **B** - Hoist
  - **C** - Extraction equipment
  - **D** - Ventilator

Number of Patients by Type

- (Line 5) - report only applicable information
- If requesting MEDEVAC for both types, insert the word "Break" between the litter entry and ambulatory entry
  - **L** - (Litter bound) plus the number of patients
  - **A** - (Ambulatory [walking]) plus the number of patients

Security of Pickup Site (WARTIME)

- (Line 6) - Use appropriate brevity code:
  - **N** - No enemy troops in the area
  - **P** - Possibly enemy troops in the area (approach with caution)
  - **E** - Enemy troops in the area (approach with caution)
  - **X** - Enemy troops in the area (armed escort required)

Security of Pickup Site (PEACETIME)

- (Line 6 Alternate)
  - **Brief description of each casualty**
  - **Base description on information from**

DD-1380

Method of Marking Pickup Site

- (Line 7) Use appropriate brevity code:
  - **A** - Panels
  - **B** - Pyrotechnic signal
  - **C** - Smoke signal
  - **D** - None
  - **E** - Other

Patient Nationality and Status

- (Line 8) Use appropriate brevity code:
  - **A** - U.S. military
  - **B** - U.S. civilian
  - **C** - Non-U.S. military
  - **D** - Non-U.S. civilian
  - **E** - Enemy Prisoner of War (EPW)

NBC Contamination (WARTIME)

- (Line 9) Use appropriate brevity code:
  - **N** - Nuclear
  - **B** - Biological
  - **C** - Chemical

NBC Contamination (PEACETIME)

- (Line 9)

  - Brief description of terrain

  - Include information on:
    - Vegetation
    - Slope
    - Prominent Terrain Features

Medical Evacuation & Assignment of Medical Evacuation Precedence

- Determination to request evacuation and precedence is made by the senior military person present
- Decision based on advice of the senior medical person at the scene
- Assignment of a medical evacuation precedence is necessary

Medical Evacuation & Assignment of Medical Evacuation Precedence

- The precedence assigned to the casualties provides the supporting medical unit and controlling headquarters information:
  - To assign priorities for committing their evacuation assets
  - To assist the flow of information re: troop strength, mission capability, etc.

Medical Evacuation & Assignment of Medical Evacuation Precedence

- Over-classification remains a continuing problem
  - Patients will be picked up as soon as possible, when properly classified
  - Pick up consistent with available resources and pending missions
  - Casualties in greatest need evacuated first and receive necessary care required to help ensure their survival

Unit Responsibilities

- Unit requesting evacuation prepares for and assist's during evacuation
  - Ensuring safe and successful evacuation
  - English-speaking representative at the pickup site
  - Ensuring casualty(ies) are ready for pickup
  - Move patients to safest aircraft approach/departure point
  - Receiving backhauled medical supplies
  - Familiar with principles of helicopter operations

Unit Responsibilities

- Units must
  - Select and prepare the landing site
  - Commands regarding approach loading and unloading from the pilot and crew chief
  - Brief pilot on the position of enemy troops
  - Qualified soldier guides the helicopter in the landing site
  - Mark friendly positions when armed helicopter escort is provided

Prepare a Medical Evacuation Request

- During wartime, brevity codes must be used
  - Use brevity codes listed in FM 8-10-6, Evacuation Request Procedures
  - Locally devised codes are authorized
  - Unit preparing the request does not have access to secure communications the medical evacuation request must be encrypted

Prepare a Medical Evacuation Request

- Information on the form must be encrypted except:
  - Medical evacuation line number identifier
  - Call sign and suffix (Line 2) which can be transmitted in clear text During peacetime, two line number items (Lines 6 and 9) will change
- More detailed procedures for use of the peacetime request

Radio Communications

- Transmission Security
- No transmission will be made if it is not authorized by the proper authority

Prepare a Medical Evacuation Request

- Following practices are specifically forbidden
  - Violation of radio silence
  - Unofficial conversation
  - Transmission on a directed net without permission
  - Excessive tuning and testing
  - Transmission of the operator's personal sign or name
  - Unauthorized use of plain language
  - Use of other than authorized PROWORDs
  - Unauthorized use of plain language
  - Association of classified call signs and address groups with unclassified call signs
  - Profane, indecent, or obscene language

Call Signs

- Two forms of call signs
  - Complete call signs
  - Abbreviated call signs
- Complete call signs consist of a letter - number - letter combination and a suffix

Letters

- Special techniques have been developed for pronouncing letters and numerals
- Phonetic alphabet and phonetic numerals
- Phonetic alphabet is also used for the transmission of encrypted messages

Numbers

- Spoken digit by digit, except that exact multiples of thousands
- Date-time group is always spoken digit by digit, followed by the time zone indication
- Map coordinates and call sign suffixes also are spoken digit by digit

Transmit the Request

- Made by the most direct communications means to the medical unit
- Communications means and channels used depend on the situation
- Primary and alternate channels to be used are specified in the unit evacuation plan

Transmit the Request

- Security transmissions
  - Under all wartime conditions, these requests are transmitted by SECURE MEANS only
  - Nonsecure communications dictates that the request be transmitted in ENCRYPTED FORM
  - Regardless of the type (secure or nonsecure) of communications equipment used in transmission

Transmit the Request

- Receiver Acknowledgement - after the appropriate opening statement is made, the transmitting operator
  - Breaks for acknowledgment
  - Authentication by the receiving or transmitting unit should be done in accordance with the TSOP

Transmit the Request

- Clear Text and Encrypted Transmissions
  - If secure communications equipment is used in transmission
- Letter and Numeral Pronunciation
  - Letters and numbers pronounced according to standard radio procedure
  - Give Line Number Identifier followed by applicable information

Transmit the Request

- Medical Evacuation Request Line Numbers 1 - 5
  - Line numbers 1 – 5 must be transmitted first
  - Allows evacuation unit to begin mission without delay
  - Lines 6 – 9 should be transmitted as soon as possible
- Monitoring requirements
  - After transmission and authentication monitor frequency
  - Wait for additional information
  - Relay contact information from evacuation vehicles

Relay Requests

- Transmit in encrypted form
- Regardless of method of transmission, must ensure relay is the exact information originally received
- Transmit by secure means
- Radio call sign and frequency relayed (Line 2 of the request) should be that of the requesting unit and not that of the relaying unit
- Intermediate headquarters or units relaying requests will monitor the frequency specified in Line 2

Summary

- Identified the procedures for requesting medical evacuation support
- Same format used to request aeromedical evacuation is also used for requesting ground evacuation
- Procedural guidance and standardization of request procedures and should now be able to apply the knowledge in the field